

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048932

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 18 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) Perry County Memorial Hospital		d. STREET ADDRESS (If outside, give location) R. 5.	
3. NAME OF DECEASED (Type or print) Ignatz Ruch		4. DATE OF DEATH Month Dec. Day 12 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 29, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Anton Ruch		13b. MOTHER'S MAIDEN NAME Mary Heibarger	
14. NAME OF HUSBAND OR WIFE Ella Ruch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Ella Ruch, Perryville, Mo. R. 5.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy, Cerebral Hemiplegia left DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 12 d 10-15 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Perryville, Mo.	
21. I attended the deceased from 11-29-63 to 12-12-63 and last saw him alive on 12-12-63 Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-13-63	
22a. SIGNATURE Dr. J. J. Zoellner		22b. ADDRESS Perryville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-14-63	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery, Silver Lake, Mo.	
24. ADDRESS Albert Ruch, Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 12-14-63	
26. REGISTRAR'S SIGNATURE Joe J. Zoellner			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

_____, Student Embalmer No. _____

Student _____

Signed.

~~Licensed Embalmer No.~~

If this body is not embalmed, fact should be so stated above.